



Food Service Manager Self-Inspection Checklist

Date _____

Observer _____

Use this checklist once a week to determine areas in your operation requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

Personal Dress and Hygiene

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform including proper shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly using proper hand-washing procedures at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraint is worn.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking is observed only in designated areas away from preparation, service, storage, and warewashing areas.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating, Drinking, or chewing gum are observed only in designated areas away from work areas.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings, and plain ring.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees take appropriate action when coughing or sneezing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed or gloves are changed at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Disposable tissues are used and disposed of When coughing/blowing nose.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, or splints and bandages on hands are completely covered while handling food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Food Storage and Dry Storage

	Yes	No	Corrective Action		Yes	No	Corrective Action
Temperature is between 50° F and 70° F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	There is no bulging or leaking canned goods in storage.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food and paper supplies are 6 to 8 inches off the floor.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name and delivery date.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All surfaces and floors are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of Inventory is being practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food and other food-related supplies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Large Equipment

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All other pieces of equipment are clean to sight and touch – equipment on serving lines, storage shelves, cabinets, ovens, ranges, fryers, and steam equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses when used with potentially hazardous foods.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exhaust hood and filters are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Refrigerator, Freezer, and Milk Cooler

	Yes	No	Corrective Action		Yes	No	Corrective Action
Thermometer is conspicuous and accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Proper procedures have been practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is accurate for piece of equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All food is properly wrapped, labeled, and dated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off floor in walk-ins....	<input type="checkbox"/>	<input type="checkbox"/>	_____	The FIFO (First In, First Out) method of Inventory is being practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Unit is clean.....

Food Handling

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the "temperature danger zone" for more than 4 hours.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Food is handled with utensils, clean gloved hands, or clean hands.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be in direct contact with food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are used only for sanitizing Equipment surfaces and not for drying hands, Utensils, floor, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Utensils and Equipment

	Yes	No	Corrective Action
All small equipment and utensils, including cutting boards, are sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Thermometers are washed and sanitized between each use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, or otherwise protected from dust or contamination when stored.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hot Holding

	Yes	No	Corrective Action
Unit is clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is heating to 165° F before placing in hot holding.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Temperature of food being held is above 140° F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cleaning and Sanitizing

	Yes	No	Corrective Action
Three-compartment sink is used.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Three-compartment sink is properly set up for warewashing (wash, rinse, sanitize).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kit or thermometer is used to check sanitizing rinse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water temperatures are accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
If heat sanitizing, the utensils are allowed to remain immersed in 170° F water for 30 seconds.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If using chemical sanitizer, it is the proper dilution.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water is clean and free of grease and food particles.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The utensils are allowed to dry.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing Solution while in use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Garbage Storage and Disposal

	Yes	No	Corrective Action
Kitchen garbage cans are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage cans are emptied as necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes and containers are removed from site.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Loading dock and area around dumpster are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumpster is closed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pest Control

	Yes	No	Corrective Action
Screens are on open windows and doors are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
No evidence of pests is present.....	<input type="checkbox"/>	<input type="checkbox"/>	_____